

# INTERPRETER ASSIGNMENT REPORT

Interpreter/Agency: Complete this report for half day or full day assignments (only) and submit with billing form (DPA 302) to:

California Department of Social Services  
State Hearings Division  
744 P Street, MS 19-36  
Sacramento, CA 95814

NAME OF INTERPRETER		HEARING DATE	
NAME OF AGENCY		HEARING SITE (CITY)	
ADDRESS		WAS ASSIGNMENT <input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY	
CITY		SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER	
STATE	ZIP CODE	TELEPHONE NUMBER	

No.	Claimant(s)	Hearing Number	Skills Used	Scheduled Date/Time	Starting Time	Ending Time
1			<input type="checkbox"/> Yes <input type="checkbox"/> No			
2			<input type="checkbox"/> Yes <input type="checkbox"/> No			
3			<input type="checkbox"/> Yes <input type="checkbox"/> No			
4			<input type="checkbox"/> Yes <input type="checkbox"/> No			
5			<input type="checkbox"/> Yes <input type="checkbox"/> No			
6			<input type="checkbox"/> Yes <input type="checkbox"/> No			
7			<input type="checkbox"/> Yes <input type="checkbox"/> No			
8			<input type="checkbox"/> Yes <input type="checkbox"/> No			
9			<input type="checkbox"/> Yes <input type="checkbox"/> No			
10			<input type="checkbox"/> Yes <input type="checkbox"/> No			
11			<input type="checkbox"/> Yes <input type="checkbox"/> No			
12			<input type="checkbox"/> Yes <input type="checkbox"/> No			
13			<input type="checkbox"/> Yes <input type="checkbox"/> No			
14			<input type="checkbox"/> Yes <input type="checkbox"/> No			
15			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Interpreter's Comments: